## State of West Virginia Division of Natural Resources

## Class Q Special Hunting/Fishing Permit Application for Persons Disabled in Lower Extremities

This form must be completed by a Licensed Physician ONLY

I certify that		of	
(			(Street, P. O. Box, or Route)
	, (State)	(Zip)	according to WV 58CSR46 is:
	thout the full-time		n and is unable to er, two crutches or
Medical or DO License N	umber:		
Physician's Name:			Phone:
Street Address:			
City:		State:	Zip:
	e West Virginia C		cense or permit may subject me to 0 (20-7-9) and I certify that the appli
Physician's Signature:			Date:
Holders of a Class Q Perithe following conditions:	mit may possess a	a loaded firearm	to hunt from a motor vehicle under
(a) The motor vehicle is s	stationary;		

(b) The engine of the motor vehicle is not operating;(c) The permittee is the only occupant of the vehicle;

(d) The vehicle is not parked on the right-of-way of any public road.